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| BİRİM | TIBBİ ATIK DEPOSU:  |  **AY:** |
| **.AY** | **TARİH** | **TEMİZİK/DEZENFEKSİYON YAPAN PERSONEL ADI SOYADI** | **SAAT** | **İMZA** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDENİN ADI SOYADI** | **İMZA** |
| **1.HAFTA** | **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **.AY** | **TARİH** | **TEMİZİK/DEZENFEKSİYON YAPAN****PERSONEL ADI SOYADI** | **SAAT** | **İMZA** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDENİN****ADI SOYADI** | **İMZA** |
| **2.HAFTA** | **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **.AY** | **TARİH** | **TEMİZİK/DEZENFEKSİYON YAPAN****PERSONEL ADI SOYADI** | **SAAT** | **İMZA** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDENİN****ADI SOYADI** | **İMZA** |
| **3.HAFTA** | **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
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| **..../…../23** |  |  |  |  |  |  |  |
| **.AY** | **TARİH** | **TEMİZİK/DEZENFEKSİYON YAPAN****PERSONEL ADI SOYADI** | **SAAT** | **İMZA** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDENİN****ADI SOYADI** | **İMZA** |
| **4.HAFTA** | **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
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| **..../…../23** |  |  |  |  |  |  |  |
| **.AY** | **TARİH** | **TEMİZİK/DEZENFEKSİYON YAPAN****PERSONEL ADI SOYADI** | **SAAT** | **İMZA** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDENİN****ADI SOYADI** | **İMZA** |
| **5.HAFTA** | **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
| **..../…../23** |  |  |  |  |  |  |  |
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